IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Patrick Dawson BAILEY | In re Patent Application of | Atty | BJS-39-326 | | | |
|---|--|--------------------------|--|---|----|-------|
| Serial No. 10/585,864 Date: July 20, 2009 Title: July 11, 2006 Date: July 20, 2009 Title: DRUG DELIVERY SYSTEM Date: July 20, 2009 Title: DRUG DELIVERY SYSTEM Date: July 20, 2009 D | | Dkt. | C# M # | | | |
| Filed: July 11, 2006 Date: July 20, 2009 Title: DRUG DELIVERY SYSTEM Commissioner for Patents | Patrick Dawson BAILEY | TC/A.U. | 1654 | | | |
| Title: DRUG DELIVERY SYSTEM Commissioner for Patents PO. Box 1450 Alexandria, VA 22313-1450 Siz: RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the altachment in the absence of any other signature thereon. Correspondence Address Indication Form Attached. Fees are attached as calculated below: Total effective claims after amendment previously paid for 20 (at least 20) = 0 x \$52.00 \$0.00 (1202)/\$0.00 (2202) \$0.00 [Independent claims after amendment previously paid for 3 (at least 3) = 0 x \$52.20 \$0.00 (1201)/\$0.00 (2201) \$0.00 [Independent claims after amendment previously paid for 3 (at least 3) = 0 x \$22.20 \$0.00 (1201)/\$0.00 (1201)/\$0.00 (2201) \$0.00 [Independent claims now added for first time, (ignore improper); add \$390.00 (1203)/\$0.00 (2203) \$0.00 [Independent claims now added for first time, (ignore improper); add \$390.00 (1203)/\$0.00 (2203) \$0.00 [Petition is hereby made to extend the current due as so as to cover the filling date of this paper and attachment(s) \$1.00 (1201)/\$0.00 (1201)/\$ | Serial No. 10/585,864 | Examiner: | Niebauer | | | |
| Commissioner for Patents P.O. Box 1450 Sir: RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon. Correspondence Address Indication Form Attached. Fees are attached as calculated below: Total effective claims after amendment O minus highest number previously paid for 20 (at least 20) = 0 x \$52.00 \$0.00 (1202)/\$0.00 (2202) \$0.00 lidependent claims after amendment Previously paid for 3 (at least 3) = 0 x \$220.00 \$0.00 (1201)/\$0.00 (2201) \$0.00 lif proper multiple dependent claims now added for first time, (ignore improper); add Say0.00 (1203)/\$0.00 (2203) \$0.00 lif proper multiple dependent claims now added for first time, (ignore improper); add Say0.00 (1203)/\$0.00 (2203) \$0.00 lif proper multiple dependent claims now added for first time, (ignore improper); add Say0.00 (1203)/\$0.00 (2201) \$0.00 lif proper multiple dependent claims now added for first time, (ignore improper); add Say0.00 (1203)/\$0.00 (2203) \$0.00 lif proper multiple dependent claims now added for first time, (ignore improper); add Say0.00 (1203)/\$0.00 (2201) \$0.00 lif proper multiple dependent claims now added for first time, (ignore improper); add Say0.00 (1203)/\$0.00 (| Filed: July 11, 2006 | Date: | July 20, 2009 | | | |
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| Statement Stat | P.O. Box 1450 | | | | | |
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| Previously paid for 3 | Total effective claims after amendment | | | \$0.00 (1202)/\$0.00 (2202) | \$ | 0.00 |
| Sago.00 (1203)/\$0.00 (2203) \$ 0.00 | • | | | \$0.00 (1201)/\$0.00 (2201) | \$ | 0.00 |
| Petition is hereby made to extend the current due date so as to cover the filling date of this paper and attachment(s) One Month Extensions \$130.00 (1251)/\$0.00 (2251) Two Month Extensions \$490.00 (1252)/\$0.00 (2252) Three Month Extensions \$1110.00 (1253/\$0.00 (2253) Four Month Extensions \$1730.00 (1254/\$0.00 (2253) Four Month Extensions \$1730.00 (1254/\$0.00 (2255) Four Month Extensions \$2350.00 (1255/\$0.00 (2255) Four Month Extensions \$2350.00 (1255/\$0.00 (2255) Four Month Extensions \$2350.00 (1255/\$0.00 (2255) Four Month Extensions \$1310.00 (1254/\$0.00 (2254) Five Month Extensions \$2350.00 (1255/\$0.00 (2255) Determinal disclaimer enclosed, add \$140.00 (1814)/\$0.00 (2814) \$0.00 Applicant claims "small entity" status. Statement filed herewith Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$0.00 Assignment Recording Fee \$40.00 (8021) \$0.00 TOTAL FEE \$0.00 CREDIT CARD PAYMENT FORM ATTACHED. The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. 901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 By Atty: B. J. Sadoff, Reg. No. 36,663 Telephone: (703) 816-4000 Facsimile: (703) 816-4000 | If proper multiple dependent claims now a | dded for first tin | ne, (ignore improp | | | |
| Applicant claims "small entity" status. Statement filed herewith Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$0.00 Assignment Recording Fee \$40.00 (8021) \$0.00 Other: TOTAL FEE \$0.00 CREDIT CARD PAYMENT FORM ATTACHED. The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. 901 North Glebe Road, 11th Floor Alignment Floor Alignment Floor By Atty: B. J. Sadoff, Reg. No. 36,663 Telephone: (703) 816-4000 Facsimile: (703) 816-4100 | | Or Two Three Fo | ne Month Extension o Month Extension Month Extensions ur Month Extensio | ing date of this n \$130.00 (1251)/\$0.00 (2251) s \$490.00 (1252)/\$0.00 (2252) s \$1110.00 (1253/\$0.00 (2253) ns \$1730.00 (1254/\$0.00 (2254) | | |
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| Facsimile: (703) 816-4100 | Arlington, Virginia 22203-1808 | | | | | |
| | Facsimile: (703) 816-4100 | Sigr | nature: | /B. J. Sadoff/ | | |